

Benefits Innovations in Employee Behavioral Health

More and more employers recognize the business impact of behavioral health concerns in the workplace. This article provides insights into some of the current innovations in behavioral health benefits, along with their rationale for development. Areas of innovation include conceptual and delivery models, technological advancements, tools for engaging employees and ways of quantifying the business value of behavioral health benefits. The rapid growth of innovative behavioral health services should provide employers with confidence that they can tailor a program best suited to their priorities, organizational culture and cost limitations.

by **Bruce Sherman, M.D.** | *Conduent HR Services* and **Lori Block** | *Conduent HR Services*

Introduction

More and more employers recognize the business impact of behavioral health concerns in the workplace, including impaired performance, increased health care expenditures, more short-term disability (STD) claims and productivity loss.

What factors contribute to these health issues? From a business perspective, demands for greater productivity have increased job-related stress. At an employee level, the growing multigenerational workforce presents a wide range of personal priorities and concerns. The financial woes associated with a disappearing middle class compound that stress: According to a study released by the Pew Research Center in July 2016, the number of people defined as *middle class* fell, along with their incomes (half of all U.S. wage earners have net income of less than \$30,000 a year¹), in nearly 90% of the U.S. metropolitan areas.

There's also a link between the rise of chronic medical conditions and behavioral health concerns. When all

these stresses overwhelm a person's ability to cope, the resulting deterioration in behavioral and physical health impairs workplace performance. See the "What Is Behavioral Health?" sidebar for a definition of behavioral health.

It can be challenging for employers to appreciate the business impact resulting from these issues. As a standalone line item on medical and pharmacy claims reporting, behavioral health rarely appears among the top cost drivers. However, such issues don't exist in a vacuum, as these facts prove:

- Fifty-three percent of U.S. employers rate employee stress levels as either "high" or "very-high," considerably more than for any other country, according to a Conduent HR Services survey of international employers.²
- When coupled with other chronic illnesses, behavioral health-related conditions increase health care expenditures on average by \$505 a month for each affected member.³
- Behavioral health concerns represent one of the most common contributors to the use of STD benefits.⁴

What Is Behavioral Health?

Behavioral health describes the connection between our behaviors and the health and well-being of the body, mind and spirit. This includes behaviors associated with depression, anxiety or other mental health conditions; behaviors for managing chronic diseases such as diabetes or cardiac conditions; and drinking or drug use problems that affect health and relationships, eating habits or weight loss. These behaviors have an impact on physical or mental health which, in turn, affects organizational performance.

- Aside from financial stress, job stress is the most prevalent source of stress reported by employees.⁵
- An Integrated Benefits Institute study showed that anxiety and depression are major contributors to lost productivity in the workplace.⁶

Armed with this information and awareness, employers and program vendors are revisiting current approaches to managing and improving behavioral health, recognizing both the opportunity and need to change the status quo. This article will provide insights into some of the current innovations in behavioral health benefits, along with their rationale for development.

Well-Being as a Foundational Framework

In recent years, employee well-being—a more holistic perspective regarding individual health—has become an important focus for many employers that are looking for greater strategic and financial returns than their more narrowly focused “traditional” wellness programs have delivered. While traditional programs deal primarily (if not exclusively) with physical health and

lifestyle issues, well-being programs are more expansive, including financial, social, behavioral and “purpose” or career concerns. A less-than-optimal status in any of these well-being domains can manifest as stress or anxiety, resulting in an increased risk of depression.

Social acceptance of behavioral health concerns also is growing. Efforts to destigmatize these concerns and foster treatment for those affected have increased awareness of the prevalence of depression and anxiety, along with the availability of a number of reasonably effective treatments. The American Psychological Association has been a prominent supporter, as have employee assistance programs (EAPs) and behavioral health network vendors. Yet despite the array of offerings, programs to support behavioral health have been largely underused.

Innovation in Conceptual and Delivery Models

Growing recognition of the health and productivity costs of workforce behavioral health issues has fueled interest by employers, vendors and health care service providers in developing innovative solutions. The Mental Health Parity and Addiction Equity Act

(MHPAEA) of 2008, in effect, validated the medical significance of behavioral health concerns at a level on par with physical health issues.

MHPAEA also has helped to raise general understanding of the prevalence and cost of mental health conditions, providing an impetus for work to destigmatize other behavioral health conditions. EAP vendors and other organizations, like the American Psychiatric Association Foundation Partnership for Workplace for Mental Health⁷ and non-profit collaborative initiatives,⁸ support efforts to promote social acceptance of behavioral health issues. The goal has been to foster earlier awareness and use of resources, in part by framing the treatment of mental health issues in a context similar to that of physical health disorders.

Clinicians in primary care physician offices are increasingly integrating medical care and behavioral health service offerings. With evidence-based treatment guidelines now firmly established for depression, along with the ready availability of a range of generic medications, primary care practices are well-positioned to manage initial care.

Depression occurs frequently alongside a number of chronic illnesses and, if untreated, can add substantially to health and productivity costs. Effectively managing both depression and the underlying condition is necessary for a successful patient outcome. The Patient-Centered Primary Care Collaborative has been a leading proponent of integrating behavioral health and primary care services delivery in the patient-centered medical home.⁹

Efforts to provide more effective management of behavioral health issues have yielded an overarching construct known as *psychological capital*.¹⁰ The four dimensions of psychological capital are:

1. **Efficacy.** The ability to be successful with identified responsibilities.
2. **Optimism.** The capacity for having favorable attributions and expectations.
3. **Hope.** The ability to persevere toward identified goals.
4. **Resiliency.** The ability to respond favorably in the face of adversity.

When applied to the workplace, these four dimensions provide a focus for program development and commercialization. Vendors have entered the marketplace with solutions targeted at mindfulness and resilience, with early reports of success.¹¹ Growing employer interest in these topics is evidenced by results from the 2015 *Promoting Mental Well-Being* international survey from Conduent HR Services.¹² The ten fastest-growing programs and activities promoting mental well-being offered to individual employees (by rank) are:

1. Resilience-building programs
2. Stress-awareness campaigns
3. Vitality- or energy-management programs
4. Time-management and/or delegation skills
5. Financial well-being resources
6. Leadership training (focusing on the individual)
7. Yoga/meditation/relaxation/mindfulness programs
8. Work-life balance support programs
9. Personal lifestyle management coaching
10. Online healthy lifestyle programs.

Notably, program offerings in these areas reflect growing employer interest in moving upstream along the health care continuum by providing preventive mental health services.

Technology Advancements

Enhanced technological capabilities have led to the development and implementation of an array of new behavioral health offerings. Telehealth for behavioral health services has become an accepted and useful alternative to in-person visits, targeting geographic areas where access to psychiatrists or other mental health practitioners is in short supply. The

service is provided as a freestanding offering or as part of an integrated delivery network.

Other vendors have begun to incorporate behavioral health resources as a distinct focus, providing both content and referrals to appropriate resources. Since many psychiatrists prefer to avoid joining health plan networks, an offering like this may have particular value for employers that want to ensure access to quality providers at reasonable cost.

Smartphone applications also can address behavioral health. A recent analysis identified more than 900 such offerings for stress management alone.¹³ Other smartphone apps provide mental health self-help tools, including self-assessments, self-guided cognitive therapy tools and mood tracking functions, to support individuals interested in self-care. These are still early developments, so more information is needed to judge the medical appropriateness of these resources and the treatment outcomes associated with their use.

The number of technology-based behavioral health services is almost certainly going to continue to grow. It's critical that employers insist on reviewing outcomes data for these offerings in order to identify those that will generate meaningful value.

Finally, the ability to aggregate previously disparate data sets—particularly from nontraditional sources such as cell phone utilization—has created new focus areas for behavioral health analysis. For example, review of passive cell phone data among women who recently delivered children can predict postpartum depression.¹⁴ Use of these and other data sources by health plans and other entities as a basis for behavioral health diagnosis and management can be expected to increase in coming years.

Enhancing Engagement

For decades, employers have sponsored EAPs to support employees and their family members in a wide range of work/life issues. However, EAPs are most commonly associated with mental illness, substance abuse and other behavioral health issues, and the stigma associated with EAPs has limited their use. Despite growing acceptance of mental health disorders as “protected” medical conditions, many employees are afraid to acknowledge that they or a family member is dealing with a mental health condition. They

worry that opportunities for advancement or even their employment could be jeopardized. This concern may be so compelling as to prompt some employees to obtain services outside of the plan in order to ensure their privacy.

To effectively address the mental well-being of their workforce, business leaders must create a safe and supportive environment for employees. In June 2016, the Second CEO Summit on Mental Health in the Workplace brought employers, mental health experts and other stakeholders together. They and other entities have developed a practical and useful tool kit to help employers improve the mental well-being of their people.¹⁵ The four building blocks in the tool kit are:

1. Know the impact.
2. Break the silence.
3. Deliver affordable access.
4. Build a culture of well-being.

While all of these building blocks are important, the third building block—“break the silence”—is the key to increasing engagement among those who need the most help.

Personalized messaging may be valuable as another way to facilitate individual engagement with mental health resources. Specifically, individuals with either self-reported mental health concerns (via health assessment) or those with a mental health diagnosis but without mental health clinical support may receive personalized messages from their health plan to encourage them to use mental health benefits covered by the plan.

Finally, there has been a proliferation of credible websites and chat rooms for individuals with chronic

conditions seeking peer support. Entities including patientslikeme.com, iodine.com and smartpatients.com—in addition to condition-specific websites sponsored by either national societies or pharmaceutical companies—provide a venue for individuals to become more engaged in their own health by learning from their peers. While some individuals may be challenged to remember all the questions they should ask their health care provider during an office visit, these alternative channels offer the opportunity to learn from individuals with the same conditions.

Quantifying Business Value


While most organizations focus on health care cost containment, others have expanded their analysis of workforce health management programs to include business performance measures. Behavioral health programs, particularly those that address stress, may not yield appreciable cost containment. However, recent analyses suggest that programs that improve well-being can favorably impact employee engagement and retention, improve customer satisfaction and reduce workforce absenteeism.

Employers interested in implementing innovative behavioral health programs must thoroughly understand the value of each offering so they can determine which internal metrics may be available for integration with vendor participation data. Alternatively, vendors may be able to provide self-reported employee outcomes data as part of their offerings. In either case, developing a structured approach to quantifying the business value of the offering will pro-

vide a measure of program effectiveness and justification for continued use.

Conclusions— and Implications for Employers

Armed with a broader understanding of the productivity cost of behavioral health concerns, employers should begin a thoughtful review of their own internal data to determine the value of expanding existing behavioral health programs. High levels of reported stress on health assessments, high absence rates, behavioral health-related STD and high turnover might justify reviewing—and refining—existing behavioral health benefits.

The rapid growth of innovative behavioral health services should provide employers with a level of confidence that they can tailor a program best suited to their priorities, organizational culture and cost limitations. Collaborating with vendors to establish performance metrics before implementing behavioral health programs helps to set expectations and provide a basis for evaluating the program's effectiveness. 

Endnotes

1. Wage Statistics for 2014. Social Security Administration, October 26, 2015. Available at www.ssa.gov/cgi-bin/netcomp.cgi?year=2014. Accessed December 21, 2015.
2. *Promoting Mental Well-Being: An International Survey of Employers*, Xerox Human Resources Services (now Conduent HR Services); May 2015.
3. M. Melek and D. Norris, *Chronic conditions and comorbid psychological disorders*. Seattle, Milliman; 2008.
4. G. Harnois and P. Gabriel, *Mental health and work: Impact, issues and good practices*. Geneva: World Health Organization; 2000.
5. Quest Diagnostics.
6. R. Goetzel, S. Long, R. Ozminowski, K. Hawkins et al. “Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. em-

ployers.” *Journal of Occupational and Environmental Medicine*, 2004; 46(4):398-412.

7. See www.workplacementalhealth.org.

8. See www.rightdirectionforme.com.

9. Patient-Centered Primary Care Collaborative. “Special Interest Group: Behavioral Health.” Patient-Centered Primary Care Collaborative. Available at <https://pcpcc.org/behavioral-health>. Accessed July 11, 2016.

10. F. Luthans, C. Youssef and B. Avolio. *Psychological Capital: Developing the Human Competitive Edge*. New York: Oxford University Press; 2007.

11. See: (1) meQuilibrium. *3 Critical Ways Resilience Training Impacts Your Bottom Line*. meQuilibrium. October 21, 2015. Available at www.mequilibrium.com/2015/10/21/3-critical-ways. Accessed July 11, 2016; (2) eMindful. *Results on eMindful’s Stress and Resiliency Programs*. 2014. Available at https://gallery.mailchimp.com/de21494834f13194d0cdfcce0/files/eM_Results_eMindful_StressandResiliency_Print.pdf. Accessed July 11, 2016; (3) HeartMath Institute. HeartMath Institute Research Library. HeartMath Institute. 2016. Available at www.heartmath.org/research/research-library. Accessed July 11, 2016; and (4) Big Health. Big Health Outcomes. 2016. Available at www.bighealth.com/outcomes. Accessed July 11, 2016.

12. *Promoting Mental Well-Being: An International Survey of Employers*, Xerox Human Resources Services (now Conduent HR Services); May 2015.

13. S. Coulon, C. Monroe and D. West, “A Systematic, Multi-domain Review of Mobile Smartphone Apps for Evidence-Based Stress Management.” *American Journal of Preventive Medicine*. July 2016; 51(1):95-105.

14. J. Walker, “Can a Smartphone Tell If You’re Depressed?” *The Wall Street Journal*. January 2015.

15. W. Brennan, K. Dolan-Del Vecchio, W. Emmet, S. Goldfarb et al., *Working Well: Leading a Mentally Healthy Business*. National Alliance on Mental Illness, Northeast Business Group on Health, Partnership for Workplace Mental Health, PricewaterhouseCoopers and The Kennedy Forum; 2016.

AUTHORS



Bruce Sherman, M.D., is medical director of population health management at Conduent HR Services and medical director of the Employers Health Coalition in the Cleveland, Ohio area. He has a B.S. degree in biology from Brown University, an M.A. degree in biology from Harvard University and an M.D. degree from New York University.



Lori Block is a total well-being strategist in the engagement practice at Conduent HR Services in the San Francisco, California area where she has worked since 2001. She has a bachelor’s degree from Southern Methodist University and an M.B.A. degree from the Lake Forest Graduate School of Management.

International Society of Certified Employee Benefit Specialists

Reprinted from the First Quarter 2017 issue of *BENEFITS QUARTERLY*, published by the International Society of Certified Employee Benefit Specialists. With the exception of official Society announcements, the opinions given in articles are those of the authors. The International Society of Certified Employee Benefit Specialists disclaims responsibility for views expressed and statements made in articles published. No further transmission or electronic distribution of this material is permitted without permission. Subscription information can be found at iscebs.org.

